2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # P01000113178 06-06-2006 90013 044 ***150.00 LEE COUNTY INTERNAL MEDICINE ASSOCIATES, P.A. Principal Place of Business Mailing Address 50021007 2002 DE PRADO BLVD 2002 DE PRADO BLVD SUITE 100 SUITE 100 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/05) 05152006 Chg-P Applied For City & State City & State 4. FEI Number 65-1151523 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADLER, NATHAN, ATTY, CPA Street Address (P.O. Box Number is Not Acceptable) 8695 COLLEGE PARKWAY **SUITE 112** FORT MYERS, FL 33919 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. П Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PVTS** ☐ Addition ☐ Detete TITLE ☐ Change TITLE TORRICELLI, RICHARD J NAMÉ NAME STREET ADDRESS STREET ADDRESS 2002 DEL PRADO BLVD STE, 100 CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-7IP ☐ Change ■ Addition Delete TITI F TITLE TORRICELLI, RICHARD J NAME NAME STREET ADDRESS 2002 DEL PRADO BLVD STE. 100 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change · 🗀 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the properties of the properties of the corporation of the properties of the corporation of the properties of the corporation or the properties of the corporation of the corporation of the properties of the corporation of the corp

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Jun 06, 2006 8:00 am

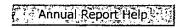
Date

Daytime Phone #

ATTACHMENT SOUDIOO Division of Corporations



Annual Report



Doeument Number 101000113178 **Business Entity Name**

I Number	651151523			
I Number Status	•	Listed Above	C Applied For	C Not Applicabl
rtificate of Status Desired			\$8.75 each	• •
ection Campaign Financing Trust Fu	nd Contribution C	Yes 🖲 No		
Pı	rincipal Place	of Business	8	
Address	2002 DE PRADO			•
Suite, Apt. #, etc.	SUITE 100			-
City, State	CAPE CORAL		. FL	
Zip Code & Country	y 33990			
	Mailing A	ddress		
Address	2002 DE PRADO	BLVD		•
Suite, Apt. #, etc.	SUITE 100			•
City, State	CAPE CORAL		, FL	
Zip Code & Country	33990			
Name an	d Address of	Registered	Agent	
Name (Last, First, Middle, Title)	ADLER	NATHAN	I, ATTY.	СРА
- OR -	·	•	- ,	4
Business to serve as RA				 -
Address (PO Box is not acceptable	e) 8695 COLLEGE	PARKWAY		-
Suite. Apt. #, etc.	SUITE 112			-
City, State	FORT MYERS		 . FL	
Zip Code & Country	33919 U	S		

registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

Division of Corporations

ATTACHMENT

#P0/W01/3178

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

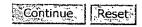
Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PVTS
Name (Last. First, Middle, Title)	TORRICELLI RICHARD D
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2002 DEL PRADO BLVD STE. 100
City, State	CAPE CORAL FL
Zip Code & Country	33990
Title	D
Name (Last. First, Middle, Title)	TORRICELLI RICHARD .J .
~ OR ~	
Entity Name to serve as Officer/Director	A · N·
Street Address	2002 DEL PRADO BLVD STE. 100
City, State	CAPE CORAL , FL
Zip Code & Country	33990
Title	
Name (Last. First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zin Code & Country	

Division of Cor	orations	ATTACHMENT	5002100 Page 3 of 4
•	Title		P01000113178
	Name (Last, First, Middle, Title)		, ,
	- OR - Entity Name to serve as Officer/Director		
	Street Address		
	City, State		
	Zip Code & Country		
	Title		
	Name (Last, First, Middle, Title)		
	- OR - Entity Name to serve as Officer/Director		
	Street Address		
	City, State	·	
	Zip Code & Country		,
	Title	entertaine de la company de la	
	Name (Last. First, Middle, Title)		
	- OR -	,	,
	Entity Name to serve as Officer/Director		
	Street Address		
	City, State		
	Zip Code & Country		•
	entity named above mu	bove or an individual signing ist type their name in the 'Offi . A corporate name is not allo	icer/Director

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Officer/Director Signature



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Start Over

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